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TRANSMITTAL FORM		Application Number Filing Date First Named Inventor Art Unit	July 31, 20 ZAVERI, 0	003
(to be used for all correspondence after initial Total Number of Pages in This Submission	filing)	Examiner Name Attorney Docket Number	1646 KEMMER 8035-002-	ER, Elizabeth
	ENC	LOSURES (Check a	li that apply	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocate Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Corks	Address	After Allowance Communication to TO Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): - Request for Withdrawal as Attorney and Change of Correspondence Address - Self-Addressed, Stamped Postcard
SIGNA	TURE C	OF APPLICANT, ATTO	DRNEY, C	DR AGENT
Signature Catalyst Law Group, APC Signature Printed name Michael R. Forber, Rh.D.	al			
Michael B. Farber, Ph.D., Date August 18, 2006	ESQ.		Reg. No.	32,612
I hereby certify that this correspondence is b	eing facsi	cate of transmissioner for the USP dressed to: Commissioner for the USP dressed to: C	TO or depos	ILING sited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on
Tuned as arieted name Sara Hare), Ø	102		Date August 18, 2006

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Sara Hare

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/632,349	
Filing Date	July 31, 2003	
First Named Inventor	ZAVERI, Chanda	
Art Unit	1646	
Examiner Name	KEMMERER, Elizabeth	
Attorney Docket Number	8035-002-US-DIV3	

P.O. 1	missioner fo Box 1450 Indria, VA 22								· .	
Please withdraw me as attorney or agent for the above identified patent application, and										
all the attorneys/agents of record.										
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
✓ 1	the attorneys/agents associated with Customer Number 32301									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.										
The reasons for this request are: Permissive Withdrawal Under 37 CFR 10.40 (vi)										
CORRESPONDENCE ADDRESS										
1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:										
The address associated with Customer Number:										
OR										
1.71	m <i>or</i> ividual Name	Dr. Chanda Zaveri, Activor Corporation								
Address		20695 Western Avenue #128								
City		Torrance	State	CA	CA				90501	
Country		us								
Telephone 310-533-8866						Email ACTIVOR@EARTHLINK.NET				
Signature	9 while	B-1								
Name	Michael B. Fart	Farber, Ph.D., Esq.				Registration No. 3			32,612	
Date	August 18, 200	it 18, 2006					No.	858-450	-0099	
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.